



PALLISER REGIONAL SCHOOLS
Registration Form
for MSCS Volleyball Camp

MSCS
MENNO SIMONS CHRISTIAN SCHOOL



Date: August 25th – August 29th 2025

Times: Students entering Gr 5, 6 & 7 – 9:00am – 12:00pm
Students entering Gr 8, 9 & 10 – 1:00pm – 4:00pm

Location: Menno Simons Christian School Gymnasium, 7000 Elkton Dr. SW, Calgary AB

Description: The Menno Simons Christian School volleyball camp wants to help you to become the best volleyball player and the best person that you can be. The environment of the camp will be one of encouragement, promoting self-confidence and having fun, while improving volleyball skills. We will work on the basic skills of passing, hitting, serving, and team play, along with learning about character development and sportsmanship. This camp will help to prepare you for your upcoming school season, so come ready to work hard and to have fun.

Attire: Please wear appropriate gym strip, indoor runners. Knee pads are optional but will be used if brought.

Drop Off: Please arrive 15 minutes prior to camp time. Access the gym using the door at the side of the building marked Gymnasium.

Pick Up: Parents ensure you are ready to pick up at 12:00 pm or 4:00 pm depending on the end time of your child's camp.

To Bring: Water bottle, a snack

Registration: Complete attached form and return electronically or mail in.

Mail to: Menno Simons Christian School
7000 Elkton Drive SW
Calgary, AB T3H 4Y7

Email:
marvin.grasmeyer@pallisersd.ab.ca

Fees: \$200.00 registration fee can be paid by cash, cheque, or e-transfer (eff@mennosimons.ab.ca). Registrations and fees can be turned in at the MSCS office. Fees will not be pro-rated based on attendance.

Cancellation Policy: Cancellations after July 1st, will be assessed a \$50 admin fee. Before July 1st, a full refund is granted.

Questions? E-mail marvin.grasmeyer@pallisersd.ab.ca



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Please select:

- Gr 5, 6 & 7 Camp @ 9:00am – 12:00pm
- Gr 8, 9, & 10 Camp @ 1:00pm – 4:00pm

Please circle T-shirt Size

Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Other_____

STUDENT INFORMATION

Full Name: _____

Birth Date: _____ Entering Grade: _____

AB Health Care #: _____

Parent/Guardian Full Name: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Email Address: _____

Mailing Address: _____

Emergency Contact, Name & Contact Number: _____

PERMISSION

I give _____ (name of student) permission to participate
in the Volleyball Camp to be held on August 25th – August 29th, 2025

Signature of Student

Date

Signature of Parent/Guardian

Date



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ELEMENTS OF RISK

Educational activity programs such as sports camps involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injuries which may result from participating in Volleyball Camp.

- Sprained fingers
- Sprained ankles
- Hits by a volleyball
- Exhaustion

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student or the School Board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Volleyball Camp, you must understand that you bear the responsibility for any injury that may occur.

The Board of Trustees of Palliser Regional School Division No. 26 does not provide accidental death, disability or dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

We have read the above. We understand that by participating in the activity described above, we are assuming the risks associated with doing so.

Signature of Student

Date

Signature of Parent/Guardian

Date